

**CRITERIA FOR PRIOR AUTHORIZATION**

**Neurokinin 1 (NK-1) Antagonists/NK-1 Antagonist Combination**

**PROVIDER GROUP** Pharmacy  
Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Fosaprepitant (Emend IV)  
Netupitant/palonosetron (Akynzeo)  
Rolapitant (Varubi)

**CRITERIA FOR PRIOR AUTHORIZATION FOR NEUROKININ 1 (NK-1) ANTAGONISTS/NK-1 ANTAGONIST COMBINATION:** (must meet all of the following)

- Patient must have a diagnosis of cancer
- Patient must be on oral or intravenous (IV) chemotherapy

**LENGTH OF APPROVAL:** 12 months